

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Date Received
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NAME OF FILER (LAST) LAND (FIRST) Abbe (MIDDLE) S

1. Office, Agency, or Court

Agency Name City of West Hollywood Council Member
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: Southern Calif Assoc of Broadcasters Position: FEELR Committee Member

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of _____
☐ City of West Hollywood ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Assuming Office: Date ____/____/____
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-27-11 (month, day, year) Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name <u>Abbe Law</u> |

| | |
|--|---|
| 1. BUSINESS ENTITY OR TRUST | |
| Name <u>MARTIN GANTMAN Studios</u> | |
| Address (Business Address Acceptable) <u>1021 Westmont Dr WH CA 90069</u> | |
| Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2 | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Architecture, engineering Art</u> | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> <u>CORP.</u> <input type="checkbox"/> Other | |
| YOUR BUSINESS POSITION <u>None spouse business</u> | |

| | |
|---|---|
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | |
| <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 | <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) | |

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

| | |
|--|---|
| Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY | |
| Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property | |
| Description of Business Activity or City or Other Precise Location of Real Property | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED |
| NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining | |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached | |

Comments:

| | |
|--|---|
| 1. BUSINESS ENTITY OR TRUST | |
| Name | |
| Address (Business Address Acceptable) | |
| Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2 | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other | |
| YOUR BUSINESS POSITION | |

| | |
|---|--|
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | |
| <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) | |

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

| | |
|--|---|
| Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY | |
| Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property | |
| Description of Business Activity or City or Other Precise Location of Real Property | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED |
| NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining | |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached | |

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Abbe LAND

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

The Saban Free Clinic

ADDRESS (Business Address Acceptable)

8405 Beverly Blvd. LA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit health care

YOUR BUSINESS POSITION

C.O.-CEO

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Wilshire Foundation

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit home health care service

YOUR BUSINESS POSITION

Board of Directors

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Director Stipend
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Abbe Land</u> |
|---|

| | | |
|---|--------------|------------------------|
| NAME OF SOURCE <u>TONY MELIA / UBSA</u> | | |
| ADDRESS (Business Address Acceptable) <u>PO Box 691006 WH CA 90069</u> | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Insurance Broker</u> | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| <u>11.10.10</u> | <u>\$300</u> | <u>Sticks with</u> |
| | \$ | <u>chance</u> |
| | \$ | |
| | \$ | |

| | | |
|---------------------------------------|-------|------------------------|
| NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|---------------------------------------|-------|------------------------|
| NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|---------------------------------------|-------|------------------------|
| NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|---------------------------------------|-------|------------------------|
| NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|---------------------------------------|-------|------------------------|
| NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | \$ | |
| | \$ | |
| | \$ | |

Comments: _____